



**DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
REQUEST FOR INVESTIGATION REVIEW**

The review process is not an appeal; however, it is a process to review the accuracy of a Final Investigation Report when there is a disagreement with the conclusion or a question that the integrity of an investigation may have been compromised.

A disagreement with the conclusion or question of integrity must be based on new or additional evidence not addressed in the DIDD Final Investigation Report. A DIDD Final Investigation Report shall not be reviewed without evidence submitted to support the disagreement with the conclusion or evidence submitted to support the questioned integrity.

Providers (including support coordinators/case managers) and persons served or legal representatives may request a review of the DIDD Final Investigation Report by filing a written request for review within fifteen (15) business days of receipt of the Final Investigation Report (requests will not be considered outside this timeframe). Requests must be filed on this *DIDD Request for Investigation Review Form*, include all referenced information, and submitted by mail, fax or secure e-mail to one of the addresses at the bottom of this document.

DIDD will respond in writing to requests to review investigations with a final decision within thirty (30) days of receipt of the request to review the investigation, unless it is determined that further investigation is warranted. If further investigation is warranted, an interim response will be issued, notifying the complainant or entity requesting review that further investigation is underway. A final decision will be issued upon completion of the additional investigation. In most cases this will occur within forty-five (45) days.

***Please complete all required information below. If you have any questions, you may contact Dennis Beard at (615) 532-6549 or Dennis.Beard@tn.gov.**

Date: _____

Name of Person Making Request: _____
Last First

Address: _____
Street City State Zip

Telephone: Day () - Evening () - Cell () -

Affiliation to Investigation: _____

INVESTIGATION IDENTIFICATION

Case ID#: _____

Service Recipient: _____
Last Name First Name

Provider Agency: _____ Region: _____

Disagreement (attach additional pages if necessary):

Additional or New Evidence Supporting the Disagreement (attach additional pages if necessary):

Forward to: E-mail: Investigation.Review@tn.gov or Fax: 1-877-551-5591 or

Mail: DIDD Director of Investigations, Frost Building, 4th Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243